



City of Chicopee, Massachusetts

Building Department

Joseph C. Viamari
Building Commissioner

City Hall Annex - 274 Front Street - Chicopee, MA 01013

Tel: (413) 594-1440 Fax: (413) 594-1446

www.chicopeema.gov

Carissa M. Lisee
Assistant Building Commissioner

APPLICATION FOR ACCESSORY PERMIT SWIMMING POOLS

Attached are the forms required for a swimming pool application. Please fill out the attached forms and submit them to the Building Department with the appropriate fee in the form of a check or money order made payable to the City of Chicopee.

***Please be advised that all swimming pools must comply with local zoning setback requirements.**

For setback information or any other questions, please feel free to contact this department at (413) 594-1440.



CITY OF CHICOPEE, MASSACHUSETTS

BUILDING DEPARTMENT
ACCESSORY PERMIT APPLICATION
Building Permit Application to Repair, Renovate or demolish a structure

Munis No. _____
Permit No. _____
Permit Fee: _____

IMPORTANT – Complete ALL items where applicable

SECTION 1: PROPERTY ADDRESS

Address: _____ Lot No.: _____
Zone: _____ Assessor Map/Parcel No.: _____

SECTION 2: SITE INFORMATION AND COST OF IMPROVEMENTS

2.1. LOCATION OF BLDG. ON LOT –
DISTANCE OF BLDG FROM

Street line _____ ft
Right lot line _____ ft

Left lot line _____ ft
Rear lot line _____ ft

Is this a corner lot? ☐ Yes ☐ No

If answer is Yes – Distance of Bldg. from
side street line: _____ ft

2.2. TYPE OF SEWAGE DISPOSAL

- ☐ Individual (septic tank, etc.)
☐ Public or private company

2.3. TYPE OF WATER SUPPLY

- ☐ Individual (well, cistern)
☐ Public or private company

2.4. COST

Cost of Improvement \$ _____
To be installed but not included in the
above cost
Electrical \$ _____
Plumbing \$ _____
Heating, A.C. \$ _____
Other \$ _____
Total Cost \$ _____

2.5. DIMENSIONS

Number of stories _____
Size of building – front _____
rear _____
deep _____
Total square feet of floor area, all floors
based on exterior dimensions _____
Total square foot of garage area _____
Size of lot - front _____
depth _____
Total land area, square feet _____

SECTION 3: DESCRIPTION OF PROPOSED WORK

☐ Owner Occupied No. Of Units: _____ Code Edition: _____ Building Use Group: _____

Brief Description of Proposed Work:

SECTION 4: PROPERTY OWNERSHIP

4.1. Owner's Name: _____
Mailing Address: _____
City, State, Zip: _____ Phone Number: _____

SECTION 5: CONSTRUCTION SERVICES

5.1. Construction Supervisor: _____
Address: _____
Home Phone: _____ Business Phone: _____
Signature of Contractor: _____
CSL Number: _____ List CSL Type: _____ Expiration Date: _____

TYPE	DESCRIPTION
U	Unrestricted (up to 35,000 cu.ft.)
R	Restricted 1 & 2 Family Dwelling
IA	Masonry Only
RF	Residential Roofing Covering
WS	Residential Window and Siding
SF	Residential Solid Fuel Burning Appliance Installation
DM	Demolition Only
IC	Insulation

5.2 Registered Home Improvement Contractor (HIC)

Name: _____
Address: _____
Business Phone: _____
Registration Number: _____
Expiration Date: _____
Signature: _____

SECTION 6: ARCHITECTURAL SERVICES

6.1. Name: _____
Mailing Address: _____
City, State, Zip: _____ Phone Number: _____

SECTION 7: WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L.c. 152. § 25C(6))

Workers Compensation Insurance affidavit must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the Issuance of the building permit.

Signed Affidavit attached? ☐ Yes ☐ No

SECTION 8: OWNER DECLARATION

As Owner, I hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and behalf,

Signature of Owner

Application Date

NOTES

1. An Owner who obtains a building permit to do his/her own work, or an owner who hires an unregistered contractor (not registered in the Home Improvement Contractor (HIC) Program), will **not** have access to the arbitration program or guaranty fund under M.G.L.c.142A. Other important information on the HIC Program and Construction Supervisor Licensing (CSL) can be found in 780 CMR.
2. Demolition permits require Gas Slip from Gas Co., Electric Light slip from CEL, Rodent Control slip from Health Dept., and Water slip from Water Dept

DO NOT WRITE ON LINES BELOW

STREET
LOCATION: _____

ZONE: _____

PERMIT NO. _____

APPLICATION
FOR
ACCESSORY PERMIT

OWNER: _____

- ADDITION☐
- GARAGE☐
- NEW SWIMMING POOL☐
- ALTERATION☐
- OTHER STRUCTURE☐
- WRECKING☐
- REPAIR-REPLACEMENT☐
- CERTIFICATE OF OCCUPANCY☐

PERMIT GRANTED

DATE: _____

APPROVED BY: _____
Building Commissioner

DATE FILED: _____

DO NOT WRITE ON LINES ABOVE



*The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111
www.mass.gov/dia*

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers
Applicant Information **Please Print Legibly**

Name (Business/Organization/Individual) : _____

Address: _____

City/State/Zip: _____ **Phone#:** _____

Are you an employer? Check the appropriate box:

- | | |
|--|--|
| 1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part time).* | 4. <input type="checkbox"/> I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance. ‡ |
| 2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required] | 5. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption perm MGL c. 152, § 1(4), and we have no employees. [no workers' comp. insurance required.] |
| 3. <input type="checkbox"/> I am a homeowner doing all work myself [No workers' comp. insurance required] † | |

Type of project (required):

6. ☐ New construction
7. ☐ Remodeling
8. ☐ Demolition
9. ☐ Building addition
10. ☐ Electrical repairs or additions
11. ☐ Plumbing repairs or additions
12. ☐ Roof repairs
13. ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

†Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡Contractors that check this box must attach an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name: _____

Policy # or Self-ins. Lic. #: _____ Expiration Date: _____

Job Site Address: _____ City/State/Zip: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration (date)).

Failure to secure coverage as required under Section 25a of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one year imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$250.00 a day against violator. Be advised that a copy of this statement maybe forwarded to the Office of Investigations of the DIA for coverage verification.

I do herby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ **Date:** _____

Print Name: _____ **Phone #:** _____

Official use only Do not write in this area to be completed by city or town official

City or Town: _____ **Permit/license #:** _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector
6. Other _____

Contact person: _____ **Phone #:** _____

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an **employee** is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An **employer** defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the forgoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees, However the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer".

MGL chapter 152 section §25(6) also states that **"every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required."**

Additionally, MGL chapter 152 section §25(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill in the workers' compensation affidavit completely, by checking the box that applies to your situation and, if necessary, supply sub-contractor(s) name(s), address(es) and phone number(s) along with their certificate(s) of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the Members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the "law" or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Towns Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary) and under "Job Site Address" the applicant should write "all locations in _____ (city or town)." A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a homeowner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

**The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111**

phone #: (617) 727-4900 ext. 406 or 1-877-MASSAFE

fax#: (617) 727-7749

www.mass.gov/dia

**CITY OF CHICOPEE
BUILDING INSPECTION DEPARTMENT
HOMEOWNER LICENSE EXEMPTION**

PLEASE PRINT

DATE: _____

JOB LOCATION: _____
Number Street Address

“HOMEOWNER”: _____

PRESENT MAILING ADDRESS: _____
Number Street Address

City/Town State Zip Code

The current exemption for “homeowners” was extended to include **owner occupied dwellings** of two units or less and to allow such homeowners to engage an individual for hire who does not possess a license, **provided that the owner acts as supervisor.** (State Building Code Section 110.R5)

DEFINITION OF HOMEOWNER:

Person(s) who owns a parcel of land on which he/she resides or intends to reside, on which there is, or intended to be, a *one or two family dwelling*, attached or detached accessory to such use and/or farm structures. A person who constructs more than one home in a two-year period shall not be considered a homeowner. Such “homeowner” shall submit to the Building Official, on a form acceptable to the Building Official, that **he/she shall be responsible for all such work performed under the building permit.** (Section 110.R5.1.2)

The undersigned “homeowner” assumes responsibility for compliance with the State Building Code and other applicable codes, by-laws, rules and regulations.

The undersigned “homeowner” certifies that he/she understands the City of Chicopee Building Inspection Department minimum inspection procedures and requirements and that he/she will comply with said procedures and requirements.

HOMEOWNER’S SIGNATURE: _____

APPROVAL OF BUILDING OFFICIAL: _____

NOTE: Three family dwellings 35,000 cubic feet or larger will be required to comply with State Building Code Section 107.6 – **Construction Control.**

CHICOPEE HEALTH DEPARTMENT RESIDENTIAL POOL REGISTRATION

Name: _____

Date: _____

Address: _____

Phone: _____

Contractor: _____

Phone: _____

Contractor Address: _____

☐ Above Ground Pool ☐ In-Ground Pool ☐ City Sewer ☐ Septic System

If your home is served by a **SEPTIC TANK LEACHING SYSTEM**, you must meet the following conditions:

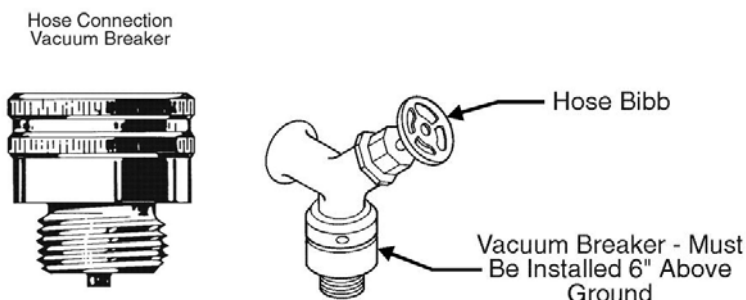
In-ground Pools: Must be at least 10' (ten feet) from the septic tank and 20' (twenty feet) from the leaching facility. A sanitarian or an engineer must be hired to submit measurements of the disposal system and proposed pool placement to the **HEALTH DEPARTMENT**.

Above Ground Pools: Shall not be located over a septic tank in a position that prevents servicing and cleaning.

Water Supply for Filling the Pool: ☐ City Water ☐ Private Supply

BACK FLOW PREVENTOR: No pool will be approved unless a back flow preventor service is installed at the source of the water supply. This is usually where the hose is connected.

BACK-SIPHONAGE BACKFLOW PREVENTOR FOR HOSE BIBB INSTALLATIONS



Homeowners commonly use garden hoses connected to the municipal water supply for a variety of purposes, including irrigation of lawns and flower beds, washing cars, filling swimming pools, bathing pets, applying liquid fertilizers and applying pesticides. Often hose-end sprayers are used, directly connecting reservoirs of chemicals to the garden hose. In each of these cases, the potential exists for backflow of polluted or contaminated water to the municipal water supply, possibly causing a health hazard. Hose connection vacuum breakers are simple, low-cost devices that should be used to help prevent backflow of water and possible pollutants or contaminants to the water supply.

Hose bibbs or faucets that are connected to a municipal water supply or other drinking water supply should be equipped with hose connection vacuum breakers to prevent water in the hose from moving back into the water supply. Backward movement of water is called backflow, and it can occur either by siphoning or back pressure. Backflow can occur due to back pressure if the pressure in a garden hose exceeds that in the supply pipeline. This can occur if pumps such as chemical injectors are connected to the garden hose.

APPROVED BY: _____

TITLE: _____

SWIMMING POOL REGULATIONS
Per 780 CMR MASSACHUSETTS STATE BUILDING CODE 8th EDITION
Effective 08/04/2011

Section AG101 – AG108
Swimming Pools, Spas and Hot Tubs
(containing 24" of water or more)

An outdoor private swimming pool (in-ground, above-ground, on-ground, hot tub or spa) containing more than 24 inches of water shall be provided with a protective barrier, which shall comply with the following:

FENCES:

1. The top of the barrier shall be at least 48 inches above finished ground level (side opposite the pool)
2. 2 inch space between the barrier and ground (side opposite the pool)
3. 4 inch space between the top of the pool and barrier (maximum)
4. A 4 inch sphere cannot pass through any openings in the barrier
5. Maximum mesh size for chain link fences shall be 2 ¼ inch square unless the fence has slats fastened at the top or the bottom which reduce the openings to not more than 1 ¾ inches.
6. Fencing consisting of diagonal members, such as lattice fence, the maximum opening formed by the diagonal members shall not be more than 1 ¾ inches.

GATES:

1. Must be self closing
2. Must be self latching
3. Must open outwards, away from the pool
4. Must accommodate a lock
5. 54 inch minimum for a self-latching release mechanism **OR**;
6. If the release mechanism of the self-latching device is less than 54 inches from the bottom of the gate, then:
 - (a) it shall be located on the pool side of the gate at least 3 inches below the top of the gate; and
 - (b) the gate and barrier shall not have an opening of greater than ½ inch within 18 inches of the release mechanism

THE HOUSE AS PART OF THE BARRIER:

Where a wall of a dwelling serves as part of the pool barrier, one of the following conditions must be met:

1. The pool shall be equipped with a power safety cover in compliance with ASTM F 1346 **OR**;
2. Doors with direct access to the pool through that wall shall be equipped with an alarm that produces an audible warning when the door and/or its screen are opened. The alarm shall be listed and labeled in accordance with UL 2017. The deactivation switches shall be located a minimum of 54 inches above the threshold of the door.

ABOVE GROUND POOL AS PART OF THE BARRIER

Where an above ground pool is used as part of the barrier (the pool is 48 inches above grade all the way around the pool) or where the barrier is mounted to the top of the pool:

1. A retractable, lockable ladder that cannot be removed and retracts by hinge or sliding mechanism to 48 inches or more above the finished grade level and has provision for securing in the retracted mode with a locking device shall be considered an acceptable alternative. **OR**
2. The ladder area shall be surrounded by a barrier which meets the requirements listed for fences and gates (i.e. the barrier must be a minimum of 48 inches high, must have a gate that is self closing and self latching, ect.)

I, as the homeowner, have read and agree to comply with the above fence requirements necessary for final inspection as well as occupancy of the newly installed pool.

Name: _____

Date: _____

Address: _____

PLOT PLAN

Date: _____

Name: _____

Address: _____

City: _____

State: _____

Please show all proposed buildings, accessory structures and additions. Clearly mark all distances to the proposed structures from the property lines. All lot dimensions must also be shown. **Please indicate the side street if the lot is located on a corner.**

A plot plan diagram showing a rectangular lot. The lot is divided into two main sections by a horizontal line. The upper section is labeled 'PRESENT DWELLING' and contains a smaller rectangle representing the building. The lower section is empty. The lot is bounded by four lines: a top line, a bottom line, a left line, and a right line. The top line is labeled '_____ ft. (width of lot)'. The bottom line is labeled '_____ ft. (width of lot)'. The left line is labeled '_____ ft. (depth of lot)'. The right line is labeled '_____ ft. (depth of lot)'. The 'PRESENT DWELLING' rectangle is positioned in the upper right corner of the lot. Arrows point from the lot lines to the dwelling rectangle, indicating the dimensions from the property lines to the building.

Front of Lot

STREET